VDH COVID-19 Guidance for Nursing Homes

Topic	Summary of Recommendations	Recommending Agency* and Resource Links
General Prevention Measures	● Goals: Early detection of possible infection, swift isolation of ill individuals, and interruption of potential exposure pathways. ○ Assign an individual with training in infection prevention and control to provide onsite management of all COVID-19 prevention and response activities. Continue to encourage physical distancing (6 foot distancing between all residents and staff except when staff are providing direct care to residents) ○ It is generally safest to implement universal use of source control for everyone in nursing homes including residents, staff, and visitors ○ Frequent hand hygiene ○ Proper use of personal protective equipment (PPE) ○ Cleaning and disinfecting of surfaces ○ Actively monitor all residents upon admission and at least daily for fever and symptom checks, and isolation of those with symptoms. ● Some of these recommendations can be modified in response to COVID-19 vaccination (being "up to date" with all recommended doses of COVID-19 vaccine). ● Even as nursing homes resume normal practices and begin relaxing restrictions, nursing homes must sustain core infection prevention and control (IPC) practices and remain vigilant for SARS-CoV-2 infection among residents and healthcare personnel (HCP) in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death.	CDC: Interim Infection Prevention and Control (IPC) Recommendations to Prevent Spread of SARS-CoV-2 in Nursing Homes - www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Interim IPC Recommendations for Healthcare Personnel - www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
Hand Hygiene	Use alcohol-based hand rub (ABHR) with at least 60% ethanol or 70% isopropanol as the primary method for hand hygiene in most clinical situations. Perform hand hygiene at appropriate times before and after touching a resident, between residents, and frequently during care.	CDC: Clean Hands Count Campaign - https://www.cdc.gov/handhygiene/campaign/index.html

		Hand Hygiene in Healthcare Settings - https://www.cdc.gov/handhygiene/index.html
Source Control	● Source control is recommended for **everyone** in a healthcare setting, and is especially important for individuals who live or work in counties with substantial to high community transmission or who: ○ Are not up to date with all recommended COVID-19 vaccine doses ○ Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection ○ Had close contact or a higher-risk exposure with someone with SARS-CoV-2 infection for 10 days after the exposure ○ Have moderate to severe immunocompromise ● Source control options for HCP include a NIOSH-approved N95 respirator or a well-fitting facemask. ● See CDC guidance for more information on source control options for HCP, recommended frequency of HCP changing source control, and situations when consideration could be given to allowing HCP, residents, or visitors to not use source control.	CDC: Interim IPC Recommendations for Healthcare Personnel - www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html Level of community transmission: https://covid.cdc.gov/covid-data-tracker/#county-view
Personal Protective Equipment (PPE)	Standard Precautions should be followed for the care of all residents at all times. This involves the practice of hand hygiene and respiratory etiquette, safe injection practices, and the use of PPE when contact with blood, body fluids, wounds, etc. is possible. ● When a staff member needs to enter a resident's room or care area, gloves should be added to Standard Precautions. ● A gown and eye protection should be added when performing an aerosol-generating procedure; during care activities where splashes and sprays are anticipated; or during high-contact resident care activities, such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, or wound care. Proper donning (putting on) and doffing (taking off) procedures must be followed.	CDC: Optimizing Personal Protective Equipment (PPE) Supplies- https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

PPE for COVID-19	• The resident must be isolated in their room with the door closed, and HCP should wear all recommended PPE during the care of that resident. This includes a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).
	• In some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway.
	• If SARS-CoV-2 infection is not suspected, HCP working in facilities located in counties with **substantial or high transmission** should use PPE as described below:
	  ○ Eye protection should be worn during all resident care encounters.
	  ○ NIOSH-approved N95 or equivalent or higher-level respirators should be used for:
	  ■ All aerosol-generating procedures
	  ■ All surgical procedures that might pose higher risk for transmission if the resident has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract)
	  ■ Other situations when additional risk factors for transmission are present, such as the resident is not up to date with COVID-19 vaccination, unable to use source control, and the area is poorly ventilated.
	  ■ In simple terms, facilities in counties with substantial or high transmission may consider **universal** use of NIOSH-approved N95 respirators for HCP during all
		CDC:
		Interim IPC Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
		Level of community transmission: https://covid.cdc.gov/covid-data-tracker/#county-view
		
		VDH:
		Considerations for Personal Protective Equipment (PPE) and Cohorting during COVID-19 Response in Long-Term Care Facilities

	resident care encounters or in specific areas of the facility at higher risk for SARS-CoV-2 transmission.	
Cohorting	● Designate an area (e.g., a wing, ward, floor or end of a hallway) to care for residents with COVID-19 ○ A physically separated area with clear signage ○ COVID-19 positive and negative residents should not share common areas or bathrooms ○ Only residents with the same respiratory pathogen should be housed in the same room. ○ Dedicate equipment and staff to each cohort (i.e., all COVID-19 positive or all COVID-19 negative) to the extent possible. If equipment must be shared, clean and disinfect before and after each use. ○ Ensure that high-touch surfaces in staff break rooms and work areas are frequently cleaned and disinfected (e.g., each shift). ● As space and staffing allow, it is recommended to cohort known COVID-19 positive residents, cohort new admissions with an unknown status, and cohort current, healthy asymptomatic residents, separately from each other with designated staffing for each group. ● If possible, HCP working on the COVID-19 care unit should have access to a restroom, break room, and work area that are separate from HCP working in other areas of the facility.	CDC: Interim IPC Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html VDH: Considerations for Personal Protective Equipment (PPE) and Cohorting during COVID-19 Response in Long-Term Care Facilities
Environmental Cleaning and Disinfection	● Ensure appropriate environmental cleaning and disinfection of all areas according to a set schedule and as needed whenever environmental contamination may have occurred. ● Use disinfectants approved by EPA for use against the virus that causes COVID-19. Refer to List N on the EPA website, and follow EPA's 6 Steps for Safe and Effective Disinfectant Use. ● High-touch surfaces should be cleaned and then disinfected on each shift. High-touch surfaces include, but are not limited to: bed	CDC: Environmental Cleaning and Disinfection Guidance - https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html EPA: 6 Steps for Safe and Effective Disinfectant Use -

	rails, bed frames, bedside tables, call bells, remote controls, room chairs, and light switches. ● Shared equipment should be cleaned and disinfected before and after each use. ● Cleaning on COVID-19 units may need to be delegated to clinical staff to reduce the number of staff interacting with COVID-19 positive residents. All staff in a unit need to have a clear understanding of who is responsible for cleaning what items and surfaces and the proper methods of doing so to ensure there are no accidental gaps in cleaning services. ● For all cleaning and disinfection products, ensure HCP are appropriately trained on their use and follow the manufacturer's instructions (e.g., concentration, application method, and contact time). ● If possible, do not allow environmental services staff to work across units or floors. ● Once the resident has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.	www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf
Linens and Laundry	Manage laundry, food service utensils, and medical waste in accordance with routine procedures. Wash hands after handling dirty items.	CDC: Interim IPC Recommendations for Healthcare Personnel - www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html Cleaning and Disinfecting Your Facility - www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf
New Admissions/	● Facilities should create a plan for managing new admissions and readmissions.	CDC:

Readmissions	• Residents with confirmed SARS-CoV-2 infection who have not met criteria to discontinue Transmission-Based Precautions should be placed in the designated COVID-19 care unit, regardless of vaccination status.
	• Newly-admitted residents and residents who have left the facility for more than 24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection; immediately and, if negative, again 5-7 days after their admission.
	• Residents who are up to date with all recommended COVID-19 vaccine doses and residents who have recovered from SARS-CoV-2 infection in the prior 90 days do not need to be placed in quarantine but should be tested as described above.
	• All residents who are **not** up to date with COVID-19 vaccination who are new admissions or readmissions should be placed in quarantine, even if they have a negative test upon admission and should be tested as described above.
	  ○ Residents may be released from quarantine after day 7 (day of admission/readmission is day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms or after day 10 if no test is conducted.
	  ○ Quarantine may be considered if the resident has moderate to severe immunocompromise.
	• VDH recommendations for discharging hospitalized patients with a COVID-19 diagnosis to long-term care (LTC) are presented as a flow diagram. Discharge decisions are based on clinical status and the ability of the accepting facility to meet care needs and adhere to infection prevention and control practices.
	• **Meeting the criteria for discontinuation of transmission-based precautions is not a prerequisite for discharge from the hospital.**
	• Regardless of vaccination status, residents who leave the facility for **less than 24 hours** do not require quarantine if they are asymptomatic and have not had close contact with someone infected with SARS-CoV-2. However, facilities might consider
		New Admissions and Residents who Leave the Facility - https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031505598
		
		VDH: Recommendations for Hospitalized Patients Being Discharged to a Long-Term Care Facility During the COVID-19 Pandemic - https://www.vdh.virginia.gov/content/uploads/sites/182/2022/02/VDH-hosp-to-LTCF-transfer-guidance_updated.pdf

	quarantining residents based on an assessment of risk (i.e., uncertainty exists about adherence to recommended IPC practices while outside the facility).	
Visitation	• CMS nursing home visitation guidance notes that visitation should be allowed for all residents, at all times. • Visitors, residents, or their representatives should be made aware of the risks associated with visiting loved ones. • Visits should be conducted in a manner that adheres to the **core principles of COVID-19 infection prevention** and does not increase risk to other residents. • If a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room), the resident must be allowed to receive visitors as they choose.	CMS: Visitation Guidance for Nursing Homes - https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf Visitation FAQs - https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf VDH: Visiting a Loved One in a Nursing Home? Tips for a Safe Visit - https://www.vdh.virginia.gov/content/uploads/sites/182/2022/02/Visiting-a-Loved-One-in-LTCF_Revised.docx.pdf
Testing	• Any staff or resident with symptoms of COVID-19, **regardless of vaccination status**, should receive a viral test immediately. • Asymptomatic HCP with a higher-risk exposure and residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure. • Testing is required for new admissions/readmissions as defined in the "New Admissions/Readmissions" section above. • Expanded screening testing of asymptomatic HCP without known exposures is required in nursing homes (see "Required Screening Testing in Nursing Homes" section below).	CDC: Interim IPC Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html CMS: LTC Facility Testing Requirements - https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

Routine Screening Testing in Nursing Homes	• CMS's testing guidance for routine HCP screening relies on the CDC community transmission level. • "Level of community transmission" refers to the facility's county level of COVID-19 transmission. This metric uses two indicators (1. Total number of new cases per 100,000 persons within the last 7 days and 2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days) • For facilities located in counties with substantial to high community transmission: HCP who are *not up to date with all recommended doses of COVID-19 vaccine* should have a viral test **twice** a week. • If HCP work infrequently at these facilities and routine testing is required, they should ideally be tested within 3 days before their shift (including the day of the shift). • For facilities located in counties with moderate community transmission: HCP who are *not up to date* with all recommended doses of COVID-19 vaccine should have a viral test **once** a week. • In nursing homes located in counties with low community transmission, expanded screening testing for asymptomatic HCP, regardless of vaccination status, is not recommended.	CDC: Interim IPC Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Level of community transmission: https://covid.cdc.gov/covid-data-tracker/#county-view CMS: Long Term Care Facility Testing Requirement- Revised- https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf
Outbreak Investigations in Nursing Homes	• Because of the risk of unrecognized infection among residents, a single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be evaluated as a potential outbreak. • Outbreak response should be coordinated with the local health department. • CDC guidance includes options for a more targeted, contact tracing approach when COVID-19 infections are detected in a facility. ○ If able to identify close contacts, facilities should test all close contacts immediately (but not sooner than 24 hours after exposure) and again 5-7 days after exposure.	CDC: Interim IPC Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html CMS: Long Term Care Facility Testing Requirement- Revised- https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

	○ If unable to identify close contacts, facilities should use a broad-based testing approach (unit-wide or facility-wide). ○ If no new cases are identified, ongoing testing is not required beyond the initial series of 2 viral tests. ○ If new cases are identified, facilities should continue testing every 3-7 days until 14 days with no new cases. If antigen testing is used, more frequent testing (every 3 days) should be considered. ● The approach to an outbreak investigation should take into consideration whether the facility has the experience and resources to perform individual contact tracing, the vaccination rates of staff and residents, whether the index case is a healthcare worker or resident, whether there are other individuals with suspected or confirmed SARS-CoV-2 infection identified at the same time as the index resident, and the extent of potential exposures identified during the evaluation of the index resident. ● During an outbreak, facilities should consider increasing monitoring of all residents from daily to every shift, to more rapidly detect those with new symptoms. ● Testing might be conducted for multiple pathogens during outbreaks of respiratory illness, especially during influenza season.	VDH: COVID-19 Outbreak Response Method in LTCFs - https://www.vdh.virginia.gov/content/uploads/sites/182/2022/02/COVID-19-Outbreak-Response-Method-in-LTCFs_Revised.pdf
Vaccination Planning	● Facilities should encourage their staff and residents to get vaccinated against SARS-CoV-2. ● The VDH vaccination toolkit for LTCFs provides resources to ensure facilities are provided with the necessary information to access the COVID-19 vaccine, as well as the appropriate resources to contact if facilities require assistance. ● The Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility provides resources including information on preparing for vaccination, vaccination safety monitoring and reporting, frequently asked questions, and printable tools.	CDC: Interim IPC Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Weekly COVID-19 Vaccination Data Reporting (NHSN) - https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html Weekly Influenza Vaccination Data Reporting (NHSN) - www.cdc.gov/nhsn/ltc/vaccination/index.html

	• Weekly vaccination numbers of nursing home residents and HCP should be reported into the CDC National Healthcare Safety Network (NHSN) LTCF Weekly HCP & Resident COVID-19 Vaccination module. • Guidance on adjustment to IPC recommendations following vaccination is available in CDC's Interim IPC Recommendations for Healthcare Personnel During the COVID-19 Pandemic • Provide influenza vaccination for all residents and staff for the current influenza season. Consider tracking and monitoring weekly influenza vaccination data for residents and staff through NHSN.	VDH: COVID-19 Vaccination Response - https://www.vdh.virginia.gov/immunization/covid19vaccine/ COVID-19 Vaccination Toolkit- https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/ Influenza Information for Healthcare Professionals and Facilities- https://www.vdh.virginia.gov/epidemiology/influenza-flu-in-virginia/influenza-information-for-healthcare-professionals-and-facilities/
Communication	• Routinely update residents and families about the status of COVID-19 and pandemic response activities in the facility. • Discuss concerns about disease, infection prevention, laboratory testing, etc. with the local health department.	VDH local health department contact information - https://www.vdh.virginia.gov/local-health-districts/
Reporting	• Report suspected and confirmed cases and outbreaks of COVID-19 to the local health department. • In NHSN, enter data on the impact of infections on residents and staff, PPE supplies, staffing shortages, COVID-19 vaccination status of residents and staff, and monoclonal therapeutic availability and use. • Report positive test results from point-of-care (POC) diagnostic tests for COVID-19 through the VDH POC Portal or NHSN.	CDC: NHSN LTC Module - www.cdc.gov/nhsn/ltc/covid19/index.html LTC Module Enrollment - www.cdc.gov/nhsn/ltc/covid19/enroll.html CMS: Requirements for Reporting SARS-CoV-2 Test Results - www.cms.gov/files/document/qso-20-37-clianh.pdf VDH: Virginia *Regulations for Disease Reporting and Control* (12 VAC 5-90-80) POC Reporting Portal - apps.vdh.virginia.gov/POCreporting Suspected Outbreak Reporting Portal -

		https://redcap.vdh.virginia.gov/redcap/surveys/?s=M3YRJPNRHP
Training	Before providing care to a person with COVID-19, HCP must: 1) Receive comprehensive training on when and what PPE is necessary, where PPE is located, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE. 2) Get fit-tested for N95 respirator use if providing direct care to residents with suspected or confirmed SARS-CoV-2. 3) Demonstrate competency in performing appropriate infection prevention and control practices and procedures.	CDC: LTC mini webinars: ● Sparkling Surfaces - https://youtu.be/t7OH8ORr5Ig ● Clean Hands - https://youtu.be/xmYMUly7qiE ● Closely Monitor Residents - https://youtu.be/1ZbT1Njv6xA ● Keep COVID-19 Out! - https://youtu.be/7srwrF9MGdw ● PPE Lessons - https://youtu.be/YYTATw9yav4 CMS: CMS/CDC Fundamentals of COVID-19 Prevention Training - qioprogram.org/cms-cdc-fundamentals-covid-19-prevention-nursing-home-management

*CDC and CMS are continually updating guidance; recommendations may change accordingly. Additional tools and resources may be found on the VDH COVID-19 Long-Term Care Task Force page: www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/

Agency Acronyms:
CDC – Centers for Disease Control and Prevention
CMS – Centers for Medicare and Medicaid Services
DOLI – Virginia Department of Labor and Industry
EPA – Environmental Protection Agency
VDH – Virginia Department of Health